

1.1 moves to amend H.F. No. 4074 as follows:

1.2 Page 1, after line 15, insert:

1.3 "Section 1. [16A.402] CASH TRANSACTION ROUNDING.

1.4 Subdivision 1. Authorization to round cash transactions. (a) Notwithstanding any
1.5 other provision of law, an agency entering into any transaction with a person that results in
1.6 a payment or transfer of cash between the parties to the transaction may round the payment
1.7 in the following manner:

1.8 (1) in any case in which the total transaction amount ends with 1 cent, 2 cents, 6 cents,
1.9 or 7 cents as the final digit, the amount of cents in the sum shall be rounded down to the
1.10 nearest amount divisible by 5;

1.11 (2) in any case in which the total transaction amount ends with 3 cents, 4 cents, 8 cents,
1.12 or 9 cents as the final digit, the amount of cents in the sum shall be rounded up to the nearest
1.13 amount divisible by 5; and

1.14 (3) notwithstanding clause (1), transactions in which the transaction total is \$0.01 or
1.15 \$0.02 shall be rounded up to \$0.05.

1.16 (b) A party authorized to engage in a transaction on behalf of an agency may round the
1.17 payment in the manner directed by the agency consistent with this section.

1.18 (c) This section does not apply to a transaction for which payment is made by electronic
1.19 fund transfer, check, gift card, money order, credit card, or other similar instrument or
1.20 method.

1.21 Subd. 2. Policy posted. An agency that engages in cash transactions must establish a
1.22 policy for rounding cash transactions consistent with this section and post the policy at each
1.23 location where cash transactions occur.

2.1 Sec. 2. Minnesota Statutes 2025 Supplement, section 43A.23, subdivision 1, is amended
2.2 to read:

2.3 Subdivision 1. **General.** (a) The commissioner is authorized to request proposals or to
2.4 negotiate and to enter into contracts with parties which in the judgment of the commissioner
2.5 are best qualified to provide service to the benefit plans. Contracts entered into are not
2.6 subject to the requirements of sections 16C.16 to 16C.19. The commissioner may negotiate
2.7 premium rates and coverage. The commissioner shall consider the cost of the plans,
2.8 conversion options relating to the contracts, service capabilities, character, financial position,
2.9 and reputation of the carriers, and any other factors that the commissioner deems appropriate.
2.10 Each benefit contract must be for a uniform term of at least one year, but may be made
2.11 automatically renewable from term to term in the absence of notice of termination by either
2.12 party. A carrier licensed under chapter 62A is exempt from the taxes imposed by chapter
2.13 297I on premiums paid to it by the state.

2.14 (b) All self-insured hospital and medical service products must comply with coverage
2.15 mandates, data reporting, and consumer protection requirements applicable to the licensed
2.16 carrier administering the product, had the product been insured, including chapters 62J,
2.17 62M, and 62Q. Any self-insured products that limit coverage to a network of providers or
2.18 provide different levels of coverage between network and nonnetwork providers shall comply
2.19 with section 62D.123 and geographic access standards for health maintenance organizations
2.20 adopted by the commissioner of health in rule under chapter 62D.

2.21 (c) Notwithstanding paragraph (b), a self-insured hospital and medical product offered
2.22 under sections 43A.22 to 43A.30 is required to extend dependent coverage to an eligible
2.23 employee's child to the full extent required under chapters 62A and 62L. Dependent child
2.24 coverage must, at a minimum, extend to an eligible employee's dependent child to the
2.25 limiting age as defined in section 62Q.01, subdivision 2a, disabled children to the extent
2.26 required in sections 62A.14 and 62A.141, and dependent grandchildren to the extent required
2.27 in sections 62A.042 and 62A.302.

2.28 (d) Beginning January 1, 2010, the health insurance benefit plans offered in the
2.29 nonrepresented employees compensation plan under section 43A.18, subdivision 2, and the
2.30 managerial plan under section 43A.18, subdivision 3, ~~must~~ may include an option for a
2.31 health plan that is compatible with the definition of a high-deductible health plan in section
2.32 223 of the United States Internal Revenue Code."

2.33 Renumber the sections in sequence and correct the internal references

2.34 Amend the title as follows:

- 3.1 Page 1, line 2, delete "retirement;" and insert "state government; authorizing the rounding
- 3.2 of a payment or transfer of cash; changing a provision in health insurance benefit plans
- 3.3 offered in the nonrepresented employees compensation plan and the managerial plan in
- 3.4 chapter 43A;"

- 3.5 Correct the title numbers accordingly